



Direct Deposit Request Cancellation

Name: _____

Social Security or Banner Number: _____

Date: _____

Current Direct Deposit Bank to be cancelled: _____

Account # _____

Please **Cancel** my direct deposit and route my check as follows:

Cashiers' Window _____

Department _____

(Bureau, EMRTC, Playas, IERA, or Facilities Management only)

(signature)

(date)

Payroll Use Only:

Entered By:

Verified By: